

# Definitions

*Please note: Key Measures are defined in the Key Measure Data Appendix.*

## **Accounts payable**

The money VA owes to vendors and other Federal entities for products and services purchased. This is treated as a liability on the balance sheet. (Financial)

## **Accounts receivable**

The amount of money that is owed to VA by a customer (including other Federal entities) for products and services provided on credit. This is treated as a current asset on the balance sheet and includes such items as amounts due from third-party insurers for veterans' health care and from individuals for compensation, pension, and readjustment benefit overpayments. (Financial)

## **Accuracy of decisions (Services)**

Percent of cases completed accurately for veterans who receive Chapter 31 (disabled veterans receiving vocational rehabilitation) services and/or educational/vocational counseling benefits under several other benefit chapters. Accuracy of service delivery is expressed as a percent of the highest possible score (100) on cases reviewed. (VR&E)

## **Accuracy of program outcome**

This measure seeks to ensure the accuracy of decisions made to declare a veteran rehabilitated or discontinued from a program of services. (VR&E)

## **Acute Bed Days of Care (BDOC)/1000**

A measure that evaluates cost efficien-

cy and utilization patterns by evaluating the number of beds in use for the full population of unique patients served. This ratio assists in assuring that there are not inappropriate admissions. (Medical Care)

## **Allowance**

The amounts included in the President's budget request or projections to cover possible additional proposals, such as statutory pay increases and contingencies for relatively uncontrollable programs and other requirements. As used by Congress in the concurrent resolutions on the budget, allowances represent a special functional classification designed to include amounts to cover possible requirements, such as civilian pay raises and contingencies. Allowances remain undistributed until they occur or become firm, then they are distributed to the appropriate functional classification(s). (Financial)

## **Appeals decided per FTE**

A basic measure of efficiency determined by dividing the number of appeals decided by the total BVA full time equivalent (FTE). (BVA)

## **Appeals resolution time (in days)**

The average length of time it takes the Department to process an appeal from the date a claimant files a Notice of Disagreement (NOD) until a case is finally resolved, including resolution at a regional office or by a final decision by the Board. (BVA and C&P)

## **Apportionment**

A distribution made by the Office of Management and Budget of amounts available for obligation in an appropriation or fund account. Apportionments divide amounts available for obligation by specific time periods (usually quarters), activities, projects, objects, or a combination thereof. The amounts so apportioned limit the amount of obligations that may be incurred. (Financial)

## **Appropriation**

The specific amount of money authorized by Congress for approved work, programs, or individual projects. (Financial)

## **Appropriation Authority**

The authority granted by Congress for the agency to spend government funds. (Financial)

## **Average cost of placing participant in employment**

This performance measure is a Common Measure whose definition is under development with the Departments of Labor, Education, Health and Human Services, and Veterans Affairs and will go into effect in FY 2004. (VR&E)

## **Average hold time in seconds**

The average length of time (in seconds) that a caller using the toll-free service number waits before being connected to an insurance representative. (Insurance)

## **Average waiting time for next available appointment in primary care clinics (in days)**

This measure is calculated using the VistA scheduling software and takes

the average of primary care appointments that are designated as 'next available' and is measured from the date of the request to the date the appointment is actually made. (Medical Care)

#### **Average waiting time for patients seeking a new specialty clinic appointment (in days)**

This measure is calculated using the VistA scheduling software and takes the average of specialty clinic appointments that are designated as 'next available' and is measured from the date of the request to the date the appointment is actually made. The specialty clinics included in this measure are audiology, cardiology, eye care (both ophthalmology and optometry), urology, and orthopedics. (Medical Care)

#### **Balance sheet**

A summary of all the assets the agency owns and the liabilities owed against those assets as of a point in time (the end of the fiscal year for VA is September 30). This statement always shows two consecutive fiscal year snapshots so the reader can compare the information. There is no "owners' equity" in a federal agency, as there is in a non-government company. However, we instead report our "net position," which is the amount of unexpended appropriation authority. (Financial)

#### **Balanced Scorecard: Quality-Access-Satisfaction-Cost**

A composite score of indicators within access, cost, quality, and satisfaction domains. (Medical Care)

#### **Budget Authority**

The authority provided by law to enter into obligations that will result in immediate or future outlays involving Federal Government funds, except

that budget authority does not include authority to insure or guarantee the repayment of indebtedness incurred by another person or government. The basic forms of budget authority are appropriations, authority to borrow, and contract authority. Budget authority may be classified by the period of availability (1-year, multiple-year, no-year), by the timing of congressional action (current or permanent), or by the manner of determining the amount available (definite or indefinite). (Financial)

#### **Budgetary resources**

Budgetary resources are forms of authority given to an agency allowing it to incur obligations. Budgetary resources include new budget authority, unobligated balances, direct spending authority, and obligation limitations. (Financial)

#### **BVA cycle time**

BVA cycle time measures the time a case spends at the Board, other than the time the case file is in the possession of a Veterans Service Organization. (BVA)

#### **CARES – Capital Asset Realignment for Enhanced Services**

The program to assess veteran health care needs in VHA Networks, identify service delivery options to meet those needs in the future, and guide the realignment and allocation of capital assets to support the delivery of health care services. (Medical Care)

#### **Chief Financial Officers Act of 1990**

Legislation enacted to improve the financial management practices of the Federal government and to ensure the production of reliable and timely financial information for use in the management and evaluation of Federal programs. (Financial)

#### **Chronic Disease Care Index II (Special Populations)**

The index is based on the performance of specific processes, provision of certain clinical services, or achievement of certain (proxy) outcomes for which the medical literature has documented evidence of a relationship to good health outcomes. The CDCI II measures how well VA follows nationally recognized clinical guidelines for treatment and care of patients with one or more high-volume diagnoses. The same overall index is then evaluated for those patients who meet the definition of a special population as a sub-group. (Medical Care)

#### **Compliance survey completion rate**

The percentage of compliance surveys completed compared with the number of surveys scheduled at the beginning of the fiscal year. (Education)

#### **Cost – Average cost per unique patient (total federal and other obligations)**

A ratio of total obligations and unique patients served. (Medical Care)

#### **Cost per case**

A unit decision cost derived by dividing BVA's total obligational authority by the number of decisions produced. (BVA)

#### **Cost per patient**

The average cost per unique patient converted to constant dollars. (Medical Care)

#### **Cumulative number of kiosks installed at national and state veterans cemeteries**

The total number of kiosk information centers installed at national and state veterans cemeteries to assist visitors in finding the exact gravesite locations of individuals buried there. In addition to providing the visitor with a cemetery map for use in locating the

gravesite, the kiosk information center provides such general information as the cemetery's burial schedule, cemetery history, burial eligibility, and facts about the National Cemetery Administration. (Burial)

### **Cumulative percent of competitive sourcing of commercial activities**

Pursuant to the Federal Activities Inventory Reform (FAIR) Act, VA and OMB agreed to a VA-specific competitive sourcing plan in April 2003. In 2002 and 2003, this performance measure was calculated as the cumulative percentage of FTEs competed under competitive sourcing studies against the total number of commercial positions from the VA FAIR Act Inventory. Starting in 2004, this performance measure will be calculated as the cumulative percentage of FTEs competed under competitive sourcing studies against the total number of commercial positions in VA's OMB-approved plan. (Departmental Management)

### **Customer satisfaction**

Customer satisfaction scores (measured on a scale of one through five, with five being the highest possible score) are based on surveys returned to OIG by the principals impacted by audits, investigations, contract reviews, and healthcare inspections. In instances where customer surveys are returned with lower than anticipated ratings, management may follow up with survey participants to identify any issues that caused low ratings and possible solutions. (OIG)

### **Customer satisfaction – high ratings**

Nationally, the percentage of respondents to the education customer satisfaction survey who were "very satisfied" or "somewhat satisfied" with

the way VA handled their education benefits claim. (Education)

### **Customer satisfaction (Survey)**

Percent of veterans who answered "very satisfied" or "somewhat satisfied" overall with the VR&E program (of those who completed or withdrew from the program). (VR&E)

### **Decrease IT maintenance spending by 5% and increase modernization spending by 5%**

Decrease the amount spent on IT maintenance projects and use the recovered dollars to refinance development, modernization, and enhancement projects. (Departmental Management)

### **Deficiency free decision rate**

This goal is based on a random sampling of approximately 5 percent of Board decisions. Decisions are checked for deficiencies in the following categories: identification of issues, findings of fact, conclusions of law, reasons and bases/rationale for preliminary orders, and due process. (BVA)

### **Efficiency – Annual number of outpatient visits per medical worker**

This is a 'common measure' as defined by OMB and is a ratio of all outpatient visits against the number of clinical full time equivalent employees. It indirectly relates to efficiency. This measure is limited in that overall panel size and capacity are needed for a complete picture of productivity. (Medical Care)

### **Exchange Revenue**

Exchange revenues arise when a Federal entity provides goods and services to the public or to another government entity for a price. (Financial)

### **Favorable IG audit opinion**

Each year, the IG conducts an audit of each Insurance program to determine if assets, liabilities, income, and expenses are reported properly in the CFO statements. This measure indicates whether the Insurance Program receives a favorable opinion on the audit. (Insurance)

### **Federal Credit Reform Act of 1990**

Legislation enacted to improve the accounting for costs of federal credit programs. (Financial)

### **Federal Financial Management Improvement Act (FFMIA)**

The FFMIA requires agencies to produce timely and reliable financial statements that demonstrate their compliance with Federal financial management systems requirements, Federal accounting standards, and the U.S. government standard general ledger. If an agency believes its systems are not FFMIA-compliant, it must develop a remediation plan to achieve compliance within 3 years. (Financial)

### **Federal Managers' Financial Integrity Act (FMFIA) of 1982**

Legislation that requires Federal agencies to establish processes for the evaluation and improvement of financial and internal control systems in order to ensure that management control objectives are being met. (Financial)

### **Franchise Fund**

VA's fund is comprised of six enterprise centers that competitively sell common administrative services and products throughout the Federal Government. The funds are deposited into the Franchise Fund. The Centers' operations are funded solely on a fee-for-service basis. Full cost recovery ensures they are self-sustaining. (Departmental Management)

### **Fund Balance with the Treasury**

The aggregate amount of funds in VA's accounts with the Department of the Treasury for which we are authorized to make expenditures and pay liabilities. This account includes clearing account balances and the dollar equivalent of foreign currency account balances. (Financial)

### **Government Management Reform Act of 1994**

Legislation enacted to provide more effective and efficient executive branch performance in reporting financial information to Congress and committees of Congress. (Financial)

### **Heritage Assets**

Heritage Assets are unique and are generally expected to be preserved indefinitely. Heritage assets may have historical or natural significance; be of cultural, educational, or artistic importance; or have significant architectural characteristics. (Financial)

### **High customer ratings**

The percent of insurance customers who rate different aspects of insurance services in the highest two categories, based on a 5-point scale, using data from the insurance customer survey. (Insurance)

### **Increase 1st and 3rd Party collections**

Medical care received within VHA has a co-payment attached in some cases. This co-payment is referred to as 1st party collections. In addition, for veterans who have other insurance, as appropriate, those insurance companies are billed for services. Those collections are referred to as 3rd party collections. (Medical Care)

### **Increase the number of faith-based/community organizations providing**

### **services to homeless veterans**

VA believes that faith-based organizations are a dynamic and effective community resource to assist in efforts to aid homeless veterans. To that end, VA actively encourages these entities to apply for grants under VA's Homeless Providers Grant & Per Diem program. VA will monitor the pool of applicants after selections are made to determine if the number of faith-based applicants and awardees has increased. (Departmental Management)

### **Intragovernmental assets**

These assets arise from transactions among Federal entities. These assets are claims of the reporting entity against other Federal entities. (Financial)

### **Intragovernmental liabilities**

These liabilities are claims against the reporting entity by other Federal entities. (Financial)

### **Inventory**

An inventory is a tangible personal property that is (i) held for sale, including raw materials and work in process, (ii) in the process of production for sale, or (iii) to be consumed in the production of goods for sale or in the provision of services for a fee. (Financial)

### **Low customer ratings**

The percent of insurance customers who rate different aspects of insurance services in the lowest two categories, based on a 5-point scale, using data from the insurance customer survey. (Insurance)

### **Maintain FY 2004 IT Budget at the same level as the rebaselined FY 2003 budget plus inflation**

Capping the IT budget to the FY 2003 rebaselined amount plus the amount

that covers inflation for the year. (Departmental Management)

### **Maintain VA IT Enterprise Architecture**

Maintain a *One VA* information technology framework that supports the integration of information across business lines and provides a course of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders. (Departmental Management)

### **Management (or internal) controls**

Safeguards (organization, policies, and procedures) used by agencies to reasonably ensure that (i) programs achieve their intended results; (ii) resources are used consistent with agency mission; (iii) programs and resources are protected from waste, fraud, and mismanagement; (iv) laws and regulations are followed; and (v) reliable and timely information is obtained, maintained, reported, and used for decision making. (Financial)

### **Material weakness**

A reportable condition in which the design or operation of the specific internal control does not reduce to a relatively low level the risk that errors or irregularities in amounts that would be material to the consolidated financial statements being audited. This condition may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. (Financial)

### **Medical residents' and other trainees' scores on a VHA survey assessing their clinical training experience**

The satisfaction survey for residents and other medical trainees assists VHA in determining how well we are achieving VA's academic mission of

providing innovative and high-quality health care training for VA and the Nation. The survey results are used to learn what satisfies medical trainees and to improve the clinical training experience. The sources of this data are the responses to a summary question from the Learners' Perceptions Survey. (Medical Education)

### **Memorial Service Network**

NCA's field structure is geographically organized into five Memorial Service Networks (MSNs). The national cemeteries in each MSN are supervised by the MSN Director and staff. The MSN offices are located in Philadelphia, Pennsylvania; Atlanta, Georgia; Indianapolis, Indiana; Denver, Colorado; and Oakland, California. The MSN Directors and staff provide direction, operational oversight, and engineering assistance to the cemeteries located in their geographic areas. (Burial)

### **National accuracy rate (authorization work)**

Nationwide, the percentage of original death pension claims, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service's review of the 57 regional offices. (C&P)

### **National accuracy rate (fiduciary work)**

Nationwide, the percentage of field examinations and account audits completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service's review of the 57 regional offices. (C&P)

### **Net cost of operations**

Net cost of operations is the gross cost incurred by VA less any exchange revenue earned from its activities. The gross cost of a program consists of the full cost of the outputs produced by that program plus any non-production costs that can be assigned to the program. (Financial)

### **Net position**

Net position comprises the portion of VA's appropriations represented by undelivered orders and unobligated balances (unexpended appropriations) and the net results of the reporting entity's operations since inception, plus the cumulative amount of prior period adjustments (cumulative results of operations). (Financial)

### **Net program cost**

Net program cost is the difference between a program's gross cost and its related exchange revenues. If a program does not earn any exchange revenue, there is no netting and the term used might be total program cost. (Financial)

### **Non-rating actions - average days pending**

Elapsed time, in days, from date of receipt of a claim (for which work has not been completed) in the regional office to current date. Non-rating actions include the following types of claims: original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations. (C&P)

### **Non-rating actions - average days to process**

Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision by a regional office. Non-rating actions include the following types of

claims: original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations. (C&P)

### **Notes to the Consolidated Financial Statements**

The notes provide additional disclosures that are necessary to make the financial statements more informative and not misleading. The notes are an integral part of the financial statements. (Financial)

### **Number of audit qualifications identified in the auditor's opinion on VA's Consolidated Financial Statements**

Audits are performed in accordance with Government Auditing Standards issued by the Comptroller General of the United States and the requirements of the Office of Management and Budget (OMB) Bulletin No. 01-02, "Audit Requirements for Federal Financial Statements." This measure reports how many audit qualifications are identified each year in VA's consolidated financial statements. (Departmental Management)

### **Number of indictments, arrests, convictions, and administrative sanctions**

The number of indictments, arrests, convictions, and administrative sanctions achieved measures investigative performance. (OIG)

### **Number of reports issued**

The OIG conducts Combined Assessment Program (CAP) reviews to evaluate the quality, efficiency, and effectiveness of VA facilities and issues reports to highlight the opportunities for improvement in quality of care, management controls, and fraud prevention. (OIG)

### **Obligations**

Obligations represent the amount of orders placed, contracts awarded, services received, and other transactions occurring during a given period that would require payments during the same or future period. (Financial)

### **OMB Circular No. A-123**

The Office of Management and Budget (OMB) issued Circular No. A-123 to provide guidance to Federal managers on improving the accountability and effectiveness of Federal programs and operations by establishing, assessing, correcting, and reporting on management controls. (Financial)

### **OMB Circular No. A-127**

The Office of Management and Budget (OMB) issued Circular No. A-127 to prescribe policies and standards for executive departments and agencies to follow in developing, operating, evaluating, and reporting on financial management systems. (Financial)

### **Outlay**

Outlay is the amount of checks, disbursement of cash, or electronic transfer of funds made to liquidate a Federal obligation. Outlays also occur when interest on the Treasury debt held by the public accrues and when the Government issues bonds, notes, debentures, monetary credits, or other cash-equivalent instruments in order to liquidate obligations. (Financial)

### **Outpatient visits/1000 – subdivided by: Med/Surg**

A ratio of all visits to providers against unique patients served for all medical and surgical clinics. Provides information that assists in the evaluation of cost efficiency. (Medical Care)

### **Outpatient visits/1000 – subdivided by: Mental Health**

A ratio of all visits to providers against unique patients served for all mental health clinics. Provides information that assists in the evaluation of cost efficiency. (Medical Care)

### **Overall satisfaction**

Nationally, the percentage of respondents to the C&P customer satisfaction survey who were “very satisfied” or “somewhat satisfied” with the way VA handled their claim. (C&P)

### **Participation rate in the monthly Minority Veterans Program Coordinators (MVPC) conference call**

Conference calls are scheduled monthly to identify concerns and issues that affect benefits delivery to minority veterans, collaborate and exchange best practices, and update the Center on current as well as ongoing initiatives within their respective areas. (Departmental Management)

### **Payment accuracy rate**

Measures how well decisions reflect payment at the proper rate for the correct period of time. (Education)

### **Percent change in earnings from pre-application to post-program employment**

This performance measure is a Common Measure under development with the Departments of Labor, Education, Health and Human Services, and Veterans Affairs and will go into effect in FY 2004. (VR&E)

### **Percent cumulative reduction in excess capacity as a result of CARES**

The CARES strategic planning process identifies excess capacity by VISN and then outlines an action plan each year on what will be addressed the following year. (Medical Care)

### **Percent increase of EDI usage over base year of 1997**

The percent increase in the number of line items ordered through Electronic Data Interchange (EDI) by fiscal year. (Departmental Management)

### **Percent of all patients evaluated for the risk factors for hepatitis C**

Hepatitis C is a major public health problem, and there is a concern that this disease occurs more frequently among veterans than the rest of the population. From a patient and public health perspective, all patients should be screened for high risk factors. If patients are at high risk for being exposed to hepatitis C, then they should be tested and evaluated for possible drug therapy. Regardless of whether they elect to initiate drug therapy or are candidates for current treatments, they need to receive information about disease transmission, the benefits of avoiding hepatotoxins such as alcohol, and the current recommendations regarding vaccination against other types of viral hepatitis. The numerator is the number of patients ever screened for risk factors, tested, and/or diagnosed for hepatitis C. The denominator is all patients in the sample. (Medical Care)

### **Percent of all patients tested for hepatitis C subsequent to a positive hepatitis C risk factor screening**

The number of patients who are ever tested or diagnosed for hepatitis C divided by the number of patients in the sample ever tested, diagnosed, or screened with a positive risk factor. (Medical Care)

### **Percent of blocked calls**

The percentage of call attempts for which callers receive a busy signal because all circuits were in use for the insurance toll-free service number. (Insurance)

**Percent of cases processed in less than 180 days after filing (HRA)**

Equal Employment Opportunity Commission regulations state that formal complaints must be investigated (processed) within 180 days of being filed. There are some permissible exceptions to this requirement, such as cases that are amended. (Departmental Management)

**Percent of cases using alternate dispute resolution (ADR) techniques**

The percent of contract dispute matters electing to use Alternate Dispute Resolution (ADR) techniques. ADR techniques refer generally to several formal and informal processes for resolving disputes that do not entail courtroom litigation. (Departmental Management)

**Percent of clinical software patches installed on time: CPRS, BCMA, Imaging**

The clinical software patches that support the electronic medical record (CPRS), blood administration (BCMA), and radiology (Imaging) have been identified as having significant safety potential for patients if not installed on time. This measure ensures that all are installed in an appropriate time frame. (Medical Care)

**Percent of employees who are aware of alternate dispute resolution (ADR) as an option to address workplace disputes**

The percent of employees who are made aware of ADR through a variety of mechanisms, such as increased training opportunities, mediation satellite broadcast programs, and promotion of videotape examples on mediation. (Departmental Management)

**Percent of funeral directors who respond that national cemeteries confirm the scheduling of the committal service within 2 hours**

The percent of funeral directors who respond that the amount of time it typically takes to confirm the scheduling of an interment is less than one hour or one to two hours. (Burial)

**Percent of headstones and markers that are undamaged and correctly inscribed**

This percentage represents the number of headstones and markers that are undamaged and correctly inscribed, divided by the number of headstones and markers ordered. (Burial)

**Percent of individual headstone and marker orders transmitted electronically to contractors**

The percent of individual headstone and marker orders that were transmitted to contractors via communication software or Internet e-mail. (Burial)

**Percent of monuments ordered on-line by other federal and state veterans cemeteries using AMAS-R**

The percentage represents the number of headstones and markers ordered through NCA's Automated Monument Application System-Redesign (AMAS-R) by other federal (for example, Arlington National Cemetery) and state veterans cemeteries, divided by the total number of headstones and markers ordered by other federal and state veterans cemeteries. (Burial)

**Percent of participants employed first quarter after program exit**

This performance measure is a Common Measure under develop-

ment with the Departments of Labor, Education, Health and Human Services, and Veterans Affairs and will go into effect in FY 2004. (VR&E)

**Percent of participants still employed three quarters after program exit**

This performance measure is a Common Measure under development with the Departments of Labor, Education, Health and Human Services, and Veterans Affairs and will go into effect in FY 2004. (VR&E)

**Percent of patients who report being seen within 20 minutes of scheduled appointments at VA health care facilities**

Percent of patients who report in the Survey of Healthcare Experiences of Patients (SHEP) that once at the medical center for a scheduled appointment, they waited for a provider equal to or less than 20 minutes. (Medical Care)

**Percent of patients with hepatitis C who have annual assessment of liver function**

The number of patients who are determined to have hepatitis C who have an annual blood test to assess their liver function divided by the number of patients who have tested positive for having hepatitis C. (Medical Care)

**Percent of pharmacy orders entered into the Computerized Patient Record System (CPRS) by the prescribing clinician**

The risk of error in processing prescriptions is reduced when orders are entered directly into a computer. This performance measure is intended to reduce risk to patients and reduce variation in the clinical use of CPRS across the system. The numerator is the number of pharmacy orders entered into CPRS by the prescribing

clinician. The denominator is the applicable inpatient and outpatient pharmacy orders entered into **Vista**. (Exclusions include those required by DEA to have a written copy, orders entered by medical students that require a co-signature, and protocol or standing orders.) (Medical Care)

**Percent of Presidential Memorial Certificates that are accurately inscribed**

A Presidential Memorial Certificate (PMC) conveys to the family of the veteran the gratitude of the Nation for the veteran's service. To convey this gratitude, each certificate must be accurately inscribed. This measure represents the number of PMCs initially sent to the families of deceased veterans that are accurately inscribed, divided by the number of PMCs issued. (Burial)

**Percent of primary care clinic appointments scheduled within 30 days of desired date**

The waiting time is the number of days between when the patient identifies the date they want an appointment and the date of the appointment regardless of the length of time between when the request for an appointment is made and the date for which the appointment is requested. (Medical Care)

**Percent of respondents who would recommend the national cemetery to veterans' families during their time of need**

The percent of respondents who agree or strongly agree that they would recommend the national cemetery to veteran families during their time of need. (Burial)

**Percent of specialist clinic appointments scheduled within 30 days of desired date**

The waiting time is the number of days between when the patient identifies the date they want an appointment and the date of the appointment regardless of the length of time between when the request for an appointment is made and the date for which the appointment is requested. (Medical Care)

**Percent of statutory minimum goals met for small business concerns**

The Office of Small and Disadvantaged Business Utilization (OSDBU) ensures maximum opportunities for all small businesses in accordance with the Small Business Act, as amended. (Departmental Management)

**Percent of the Federal Information Security Management Act (FISMA – formerly Government Information Security Reform Act) reviews and reporting requirements completed**

FISMA requires an annual security review of all information technology (IT) systems. IT system owners complete an on-line survey that asks about risks, the appropriate levels of information security controls for the risks identified, implementing policies and procedures to cost-effectively reduce risks to an acceptable level, and periodically testing and evaluating the development and maintenance of controls required to protect Federal information and information systems throughout the life cycle of each agency information system. This information is reported to OMB annually and updated quarterly. (Departmental Management)

**Percent of VA Central Office-based top management officials, other key personnel, and emergency planners who receive training or, as applicable, who participate in exercises relevant to VA's COOP plan on the National level**

This measure provides an indicator of the extent to which senior Washington-based VA leaders are trained and prepared to assume effective leadership roles and ensure continuity of VA operations in time of national emergency. (Departmental Management)

**Percent of VA field-based top management officials, other key personnel, and emergency managers who receive training or, as applicable, who participate in exercises relevant to VA's COOP plan on the National level**

This measure provides an indicator of the extent to which senior field-based VA leaders are trained and prepared to assume effective leadership roles and ensure continuity of VA operations in time of national emergency. (Departmental Management)

**Percent of veterans served by a burial option in a national cemetery within a reasonable distance (75 miles) of their residence**

NCA determines the percentage of veterans served by a burial option in existing national cemeteries within a reasonable distance of their residence by analyzing census data on the veteran population. A burial option is defined as a first family member interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a national cemetery that is available within 75 miles of the veteran's place

of residence. From 2000 through 2002, actual performance is based on the VetPop2000 model using updated 1990 census data. For 2003, actual performance is based on a revised VetPop2000 model using 2000 census data. (Burial)

**Percent of veterans served by a burial option only in a state veterans cemetery within a reasonable distance (75 miles) of their residence**

NCA determines the percentage of veterans served by a burial option only in a state veterans cemetery within a reasonable distance of their residence by analyzing census data on the veteran population. A burial option is defined as a first family member interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a state veterans cemetery that is available within 75 miles of the veteran's place of residence. From 2000 through 2002, actual performance is based on the VetPop2000 model using updated 1990 census data. For 2003, actual performance is based on a revised VetPop2000 model using 2000 census data. (Burial)

**Percent of veterans using Vet Centers who report being satisfied with services, and responding "yes," they would recommend the Vet Center to other veterans**

Since 1979, VA has provided counseling services to assist veterans in readjusting to civilian life through a nationwide system of 206 community-based counseling facilities known as Vet Centers. The Vet Centers were the first VA service program to treat PTSD systematically in returning war veterans. Vet Centers now provide, in a non-hospital community setting, a variety of social services, extensive community outreach and referral

activities, psychological assessment, psychological counseling for war-related experiences (including PTSD) and sexual trauma, and family counseling when needed. Initially restricted to Vietnam veterans, current law has extended eligibility for Vet Center services to any veteran who has served in the military in a theater of combat operations or in any area where armed hostility was occurring at the time of the veteran's service. This performance measure tracks the percentage of veterans who respond on the Vet Center Veteran Satisfaction Survey that they are satisfied with services and would recommend the Vet Center to other veterans. (Medical Care)

**Prevention Index II (Special Populations)**

The overall Prevention Index score is comprised of nine disease or health factors that measure how well VA follows nationally recognized primary prevention and early detection recommendations that significantly determine health outcomes. Indicators within the Index include screening for influenza, Pneumococcal pneumonia, tobacco consumption, alcohol abuse, breast cancer, cervical cancer, colorectal cancer, prostate cancer, and cholesterol levels. The same overall index is then evaluated for those patients who meet the definition of a special population as a sub-group. (Medical Care)

**Program evaluation**

An assessment, through objective measurement and systematic analysis, of the manner and extent to which Federal programs achieve intended outcomes. (Departmental Management)

**Prompt Payment Act**

The Prompt Payment Final Rule (formerly OMB Circular No. A-125,

"Prompt Payment") requires Executive departments and agencies to pay commercial obligations within certain time periods and to pay interest penalties when payments are late. (Financial)

**Property holding time (months)**

The average number of months from date of custody of a property to the date of sale of a property acquired due to defaults on VA-guaranteed loans. (Housing)

**Property, Plant, and Equipment**

Property, plant, and equipment consist of tangible assets, including land, that have estimated useful lives of 2 years or more, not intended for sale in the ordinary course of operations, and have been acquired or constructed with the intention of being used, or being available for use, by the reporting entity. (Financial)

**Proportion of discharges from SCI Center bed sections to non-institutional settings**

Assesses the ongoing functional status of SCI patients. A non-institutional setting indicates the patient is still functioning at a higher level of independence. Reflects outcome of the rehabilitation processes of care. (Medical Care)

**PTSD – Post Traumatic Stress Disorder**

PTSD is an anxiety disorder that can occur following the experience or witnessing of life-threatening events, such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults such as rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symp-

toms can be severe enough and last long enough to significantly impair the person's daily life. Common PTSD stressors in veterans include war zone stress (e.g., combat and exposure to mass casualty situations), the crash of a military aircraft, or sexual assault. VA is committed to providing an integrated, comprehensive, and cost-effective continuum of care for veterans with PTSD. (Medical Care)

#### **Quality-Access-Satisfaction/ Cost VALUE Index**

The QAS/Cost VALUE Index includes both cost and other domains of value such as quality, access, and satisfaction that express meaningful outcomes for VA's resource investments. Unlike a simple cost measure that can lead to false impressions of efficiency, the VALUE measure demonstrates a balanced perspective of cost efficiency along with desired outcomes. The measure simply portrays the desired outcomes (as percentage of goals) that VA achieves with its budgeted resources by establishing a value relationship of Quality-Access-Satisfaction to dollars (QAS/cost). (Medical Care)

#### **Quality – The percentage of diabetic patients taking the HbA1c blood test in the past year**

Clinical Practice guidelines recommend an annual evaluation of HbA1c testing as it is used to measure long-range glycemic control. Increased control decreases potential complications from diabetes. (Medical Care)

#### **Research and Development**

Research and development investments are expenses included in the calculation of net costs to support the search for new or refined knowledge and ideas and for the application or use of such knowledge and ideas for the development of new and

improved products and processes, with the expectation of maintaining or increasing national economic productivity capacity or yielding other future benefits. (Financial)

#### **Return on sale**

The national average on the return on investment (percentage) on properties sold that were acquired due to defaults on a VA-guaranteed loan. It is the amount received for the property (selling price) divided by the acquisition cost and all subsequent expenditures for improvements, operating, management, and sales expenses. (Housing)

#### **Speed of entitlement decisions in average days**

Average number of days from the time the application is received until the veteran is notified of the entitlement decision. (VR&E)

#### **Statement of Budgetary Resources**

A financial statement that provides assurance that the amounts obligated or spent did not exceed the available budget authority, obligations and outlays were for the purposes intended in the appropriations and authorizing legislation, other legal requirements pertaining to the account have been met, and the amounts are properly classified and accurately reported. (Financial)

#### **Statement of Changes in Net Position**

A financial statement that provides the manner in which VA's net costs were financed and the resulting effect on the Department's net position. (Financial)

#### **Statement of Financing**

A financial statement that explains how budgetary resources obligated during the period relate to the net

cost of operations. It also provides information necessary to understand how the budgetary resources finance the cost of operations and affect the assets and liabilities of the Department. (Financial)

#### **Statement of Net Costs**

A financial statement that provides information to help the reader understand the net costs of providing specific programs and activities, and the composition of and changes in these costs. (Financial)

#### **Statement of Written Assurance**

A statement of written assurance is required by the Federal Managers' Financial Integrity Act. Each year, the head of each executive agency must prepare a statement that the agency's systems of internal accounting and administrative control fully comply with the requirements of the law, or that they do not comply. In the latter case, the head of the agency must include a report in which (a) material weaknesses in the agency's system of internal accounting and administrative controls are identified, and (b) the plans and schedules for correcting any such weaknesses. (Financial)

#### **Statistical quality index**

A quality index that reflects the number of correct actions found in Statistical Quality Control reviews, measured as a percentage of total actions reviewed. (Housing)

#### **Status of Budgetary Resources**

Obligations incurred, the unobligated balances at the end of the period that remain available, and unobligated balances at the end of the period that are unavailable except to adjust or liquidate prior year obligations. (Financial)

**Stewardship Land**

Land not acquired for or in connection with items of general property, plant, and equipment. (Financial)

**Stewardship Property, Plant, and Equipment**

Assets whose physical properties resemble those of general PP&E that are traditionally capitalized in financial statements. However, due to the nature of these assets, (1) valuation would be difficult and (2) matching costs with specific periods would not be meaningful. Stewardship PP&E consists of heritage assets, national defense PP&E, and Stewardship Land. (Financial)

**Telehealth**

The use of electronic communications and information technology to provide and support health care when distance separates the participants. It includes health care practitioners interacting with patients, and patients interacting with other patients. (Medical Care)

**Telemedicine**

The provision of care by a licensed independent health care provider that directs, diagnoses, or otherwise provides clinical treatment delivered using electronic communications and information technology when distance separates the provider and the patient. (Medical Care)

**Telephone activities - abandoned call rate**

Nationwide, the percentage of call attempts for which the caller gets through, but hangs up before talking to a VA representative. (C&P, Education)

**Telephone activities - blocked call rate**

Nationwide, the percentage of call attempts for which callers receive a

busy signal because all circuits were in use. (C&P, Education)

**Unobligated Balances**

Balances of budgetary resources that have not yet been obligated. (Financial)

**VA Domiciliary**

A VA domiciliary provides comprehensive health and social services in a VA facility for eligible veterans who are ambulatory and do not require the level of care provided in nursing homes. (Medical Care)

**VA Hospital**

A VA hospital is an institution that is owned, staffed, and operated by VA and whose primary function is to provide inpatient services. Note: Each division of an integrated medical center is counted as a separate hospital. (Medical Care)

**VA Regional Office**

A VA Regional Office is a VBA office located in each state that receives and processes claims for VA benefits. (VBA)

**Value of monetary benefits from IG audits**

A quantification of funds that could be used more efficiently if management took actions to complete recommendations pertaining to deobligating funds, costs not incurred by implementing recommended improvements, and other savings identified in audit reports. (OIG)

**Value of monetary benefits from IG contract reviews**

The sum of the questioned and unsupported costs, identified in pre-award contract reviews, that the IG recommends be disallowed in negotiations unless additional evidence supporting the costs is provided. (OIG)

**Value of monetary benefits from IG investigations**

Includes court fines, penalties, restitution, civil judgments, and investigative recoveries and savings. (OIG)

**Veterans Integrated Service Network (VISN)**

The 21 VISNs are integrated networks of health care facilities that provide coordinated services to veterans to facilitate continuity through all phases of healthcare and to maximize the use of resources. (Medical Care)

**Veterans satisfaction**

The percentage of veterans answering the survey that were very satisfied or somewhat satisfied with the process of obtaining a VA home loan. (Housing)

**Waiting time for new primary care appointments, percent within 30 days**

The waiting time is the percent of the time that the number of days between when a primary care appointment is requested and the date of the appointment is 30 days or less. (Medical Care)

**Waiting time for new specialty care appointments, percent within 30 days**

The waiting time is the percent of the time that the number of days between when a specialty care appointment is requested and the date of the appointment is 30 days or less. (Medical Care)